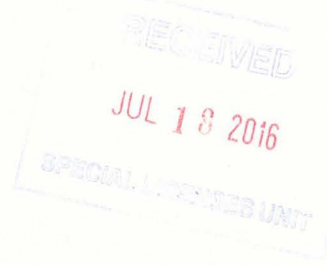


Exhibit G

July 13, 2016



Paul Stringer
New York State Department of Environmental Conservation
Special Licenses Unit
625 Broadway
Albany, NY 12233-4752

Dear Mr. Stringer,

Please find enclosed my LCP-EE renewal application and supporting documentation for animals I'm requesting to be included on the license. The animals I request to be included are:

2 Fishers (Male & Female)

Certificate of Veterinary Inspection Included from *Sweet Memories Zoo-WI*

2 NA Porcupines (Male & Female)

Male from Becky Smith Record of Acquisition included

Female from Tyler Thomas NYSWRL (NYS LPS #119, USDA: 21-C-0391)

2 Eastern Gray Squirrels (2 Males)

"Reggie" our non-releasable gray squirrel, vet letter from Dr. Wade enclosed

"Doofus" another non-releasable male gray squirrel from *Volunteers for Wildlife* – vet letter enclosed.

2 Eastern Chipmunks (1 Female, 1 Male)

"Howie" – 1 male eastern chipmunk from A.W.A.R.E. in Atlanta, GA

"Tootsie" - female also from A.W.A.R.E. in Atlanta, GA

vet letters for both chipmunks are enclosed

4 Virginia Opossums

All four opossums were our rehab patients that were deemed non-releasable by Dr. Wade – assessment included in letter that also addresses Reggie, the gray squirrel.

1 Groundhog (Male)

"Whistles" from Wildlife Rescue Center of Hampton Bays, NY.

Vet letter from Dr. Justin Molnar enclosed.

If you need to do so, please use the phone number 315.310.5376 to contact me as the phone number on this letterhead is no longer valid.

Thank you.

Carrie Leo

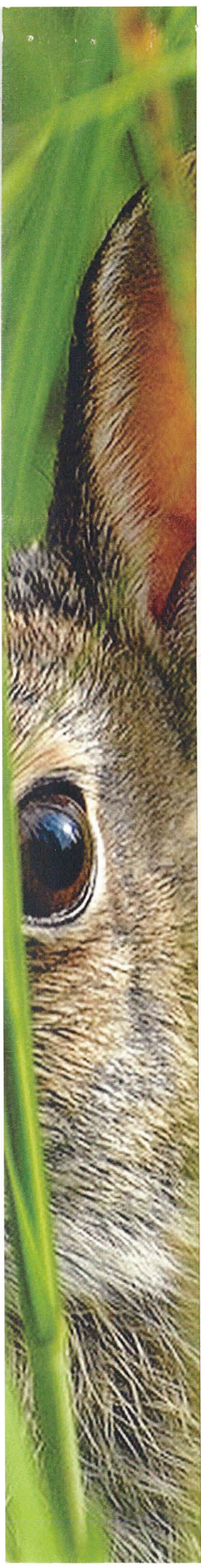
3199 Walworth Road
Walworth, NY 14568

phone: 585.410.3017
email: caringforcottontails@gmail.com

<http://www.caringforcottontails.org>

Caring For Cottontails Wildlife Rescue & Rehabilitation, Inc.

Specializing in the Eastern Cottontail Rabbit but reseving other species as well!



New York State Department of Environmental Conservation



NOTICE OF LICENSE RENEWAL
This is NOT a License

Date: 6/1/2016

CARRIE M LEO
3199 WALWORTH RD
WALWORTH, NY 14568

COUNTY: WAYNE

REGION: 8

License Number: 623

License Type: License to Collect or Possess -
Education/Exhibition

License Expiration Date: 7/7/2016

License Renewal Fee: \$10.00



PAID ~~CASH~~ Mo-23267529944
CASH 17

This "Notice of License Renewal" form is the form you must use to renew your current license. The completed Notice of License Renewal form along with all other required documents must be received by the Special Licenses Unit prior to the expiration date listed on the license.

To Renew Your Current License You Must:

- Step 1. Check the license renewal option on page 2 of this form that applies to your renewal.
- Step 2. Attach any required Annual Reports or other required documents to this form.
- Step 3. Enclose a check for the license fee (if required).
- Step 4. Sign and date this form.
- Step 5. Send the completed form, copies of the Annual Report or other documents as required by the license conditions on your current license, check for the license fee, and a signed and dated copy of this form, to the Special Licenses Unit at the address listed on page 3 of this form.

For additional information or if you have questions concerning the license renewal process, you can contact the Special Licenses Unit at:

Phone: (518) 402-8985
Fax: (518) 402-8925
Email: fwslu@gw.dec.state.ny.us
Web site: www.dec.ny.gov/permits/359.html

License#: 623 License Type: License to Collect or Possess - Education/Exhibition

Step 1: Check the option that applies.

- A. I DO NOT WANT TO RENEW MY LICENSE: If you DO NOT want to renew your current license, please check the line below and follow the instructions: (check line and submit required forms).

☐ I do not want to renew my current license identified on this form.

(Please attach copies of your Annual Report or other documents as required by the license conditions on your current license. If applicable, please include a description of the measures you will take to legally dispose of the live animals held under your current license.)

- B. I WANT TO RENEW MY LICENSE WITH NO CHANGES: If you want to renew your current license with no changes, please complete the information requested below: (check line and submit required forms).

☐ I want to renew my current license with no changes.

I hereby certify that the information submitted on my original application for the license identified on this form is correct: ☐ Yes, ☐ No.

(Please attach copies of your Annual Report or other documents as required by the license conditions on your current license.)

- C. I WANT TO RENEW MY LICENSE WITH CHANGES: If you want to renew your current license with any changes, (such as an address change, adding or removing an animal, changing a study design or similar changes), you must provide a detailed description of the changes you are requesting in the space provided below or you may attach a letter to this form with a detailed description of the changes you are requesting. Please be advised that some requests for changes to the terms and conditions of your current license may require you to complete a new application. If your request requires significant changes to your license, the Special Licenses Unit will send you a new application.

☒ I want to renew my current license and I am requesting the following changes to my new license.

License#: 623 License Type: License to Collect or Possess - Education/Exhibition

I AM REQUESTING THAT THE FOLLOWING CHANGES BE MADE TO MY NEW LICENSE. (Please attach additional sheets if necessary.)

Please refer to letter on company letterhead enclosed with this application dated June 12, 2016 and addressed to Mr. Paul Stringer.

Step 2. Attach copies of your Annual Report or other documents as required by the license conditions on your current license. Please read your license conditions and attach copies of any reports or other documents that are required.

Step 3. Attach a check or money order for your license fee (if required) payable to: New York State Department of Environmental Conservation (Please Do Not Send Cash).

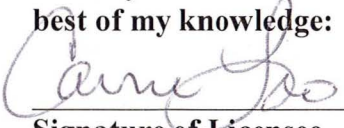
Step 4. Sign and date the Notice at the bottom of this form.

Step 5. In order for the Special Licenses Unit to process your renewal request, you must send: 1) a complete signed and dated copy of this "Notice of License Renewal" form, 2) a copy of your Annual Report form or other documents as required by the license conditions on your current license, and 3) a check or money order for your license fee (if required). Please send this material prior to the expiration date listed on the license to:

NYSDEC
Special Licenses Unit
625 Broadway
Albany, NY 12233-4752

NOTICE: Pursuant to Environmental Conservation Law section 3-0301(2)(q), false statements made on this document are punishable pursuant to section 210.45 of the New York State Penal Code.

I certify that the information I provided on this document and the attached documents are correct to the best of my knowledge:


Signature of Licensee


Date

Email: fwslu@gw.dec.state.ny.us • Website: <http://www.dec.ny.gov/permits/359.html>:

In order to add designated agents to your license, you must complete this form and submit to the Special Licenses Unit at the above address.

Leo, Carrie M.

1
3199 Walworth Rd.

own
Walworth

te
my

14578

Wayne

caringforcottontails@gmail.com

Cell Telephone

7.9.16

623

LEP-EE

[illegible]

AH-IN-2 (rev 09/2011)

Page 1 of 1

35 - 371299


**WISCONSIN INTERSTATE
CERTIFICATE OF VETERINARY INSPECTION**

(Also for Intrastate Cervid Movement)

Ch. ATCP 10, Wis. Admin. Code; Ch. 95, Wis. Stats.

PLEASE PRINT LEGIBLY

SUBMIT ORIGINAL WITHIN 7 DAYS AFTER ISSUE TO:

Department of Agriculture, Trade and Consumer Protection

Division of Animal Health

P.O. Box 8911, Madison, WI 53708-8911

Phone: 608-224-4872 Fax: 608-224-4871

ORIGIN OF SHIPMENT: <input checked="" type="checkbox"/> Farm <input type="checkbox"/> Dealer <input type="checkbox"/> Market / Name:				Shipment Date: 11/29/14		IMPORT PERMIT NUMBER:						
Owner or Consignor Special Memories Zoo				Consignee or Destination Carrie Leo		RECONSIGNEE AT PUBLIC SALE						
Origin Street Address W7013 Spring Rd.				Destination Street Address 3199 Walworth Rd.		Reconsignee Name						
Origin City / State / Zip Greenville, WI 54942				Destination City / State / Zip Walworth, NY 14568		Reconsignee Street Address						
Owner Mailing Address / City / State / Zip (if different than above) SAME				Destination Mailing Address / City / State / Zip (if different than above) SAME		City / State / Zip		Premises Registration No.				
Phone Number (708) 585-7925		Premises Registration Number 006Y435		Phone Number (315) 310-5376		Premises Registration Number		Veterinarian Signature				
HERD STATUS		SPECIES		NUMBER IN SHIPMENT 2		Phone No. ()			Vet. Lic. No.			
Disease	Herd Number	Date	<input type="checkbox"/> Cattle <input type="checkbox"/> Poultry <input type="checkbox"/> Camelid <input type="checkbox"/> Sheep <input type="checkbox"/> Cervidae <input type="checkbox"/> Swine <input type="checkbox"/> Goat <input checked="" type="checkbox"/> Other <input type="checkbox"/> Horse Fisher		PURPOSE OF MOVEMENT		(Sale veterinarian is responsible for meeting state of destination / other movement requirements)					
Accredited TB Herd					<input type="checkbox"/> Breeding <input type="checkbox"/> Exhibition/Competition <input type="checkbox"/> Feeding <input type="checkbox"/> Medical Treatment <input checked="" type="checkbox"/> Sale <input type="checkbox"/> Slaughter <input type="checkbox"/> Training <input type="checkbox"/> Other		HAULER INFORMATION (if other than consignee)					
Qualified TB Herd							Hauler Name					
Cervidae CWD Status							Hauler Address					
Brucellosis/Other:							City / State / Zip					
						Hauler Phone No. ()		Hauler Lic. No.				
OFFICIAL IDENTIFICATION		Line No.	LABORATORY <input type="checkbox"/> WVDL Madison <input type="checkbox"/> WVDL Barron <input type="checkbox"/> Other:		TUBERCULOSIS INDIVIDUAL ANIMAL TEST		BRUCELLOSIS TYPE OF TEST:		EIA TYPE OF TEST:		OTHER TEST TYPE OF TEST:	
RFID, USDA eartag, Registration number, Breed tattoo			BREED	SEX	AGE	OCV TATTOO	DATE INJECTED	TEST RESULT	DATE BLED	TEST RESULT	DATE BLED	TEST RESULT
No official ID's		1	N/A	M	4yr							
		2		F	4yr							
		3										
		4										
		5										
		6										
		7										
		8										
		9										
		10										
VETERINARIAN: I certify as a veterinarian, accredited and certified by the State of Wisconsin, that the described animal(s) have been inspected by me and that they are not showing any signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are as indicated on this certificate. To the best of my knowledge, the animal(s) listed on this certificate meet the state of destination and Federal interstate requirements. No warranty is made or implied.												
OWNER / AGENT STATEMENT: I certify the animal(s) in this shipment are as listed on this certificate.		Accredited / Licensed Veterinarian Signature Thomas L. Young, DVM				Veterinarian's License Number 4257		Phone Number (708) 853-3207		Date Inspected 11/14/14		
Owner / Agent Signature Gene Wheeler		Veterinarian's Printed Name Thomas L. Young, DVM				Address W3510 St Hwy. 114 Hilbert, WI 54129					Date Certificate Issued 11/14/14	

Personal information you provide may be used for purposes other than that for which it was originally collected - sec. 15.04(1)(m), Wis. Stats.

Equal Opportunity Employer

FORM DISTRIBUTION: WHITE (WI State Veterinarian), CANARY (State Veterinarian of destination), PINK (accompany shipment), GOLDENROD (retained by issuing veterinarian)

From: Special Memories Zoo

W7013 Spring Rd.

Greenville, WI 54942

920-585-7925

35-B-0198

To: Carrie Leo

3199 Walworth Rd.

Walworth, NY 14568

315-310-5376

21-C-0435

11-29-2014

1 Male Fisher; 4 years old

1 Female Fisher; 4 years old

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0036 and 0579-0093. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB APPROVED
0579-0036
0579-0093

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

RECORD OF ACQUISITION, DISPOSITION OR TRANSPORT OF ANIMALS
(Other Than Dogs and Cats)

☒ SALE ☐ EXCHANGE OR TRANSFER ☐ DONATION

This record is required by law (7 U.S.C. 2131-2156). (9 CFR, Subchapter A, Parts 1, 2, and 3). Failure to maintain this record can result in a suspension or revocation of license and/or imprisonment for not more than 1 year, or a fine of not more than \$1,000, or both.

INSTRUCTIONS: Complete applicable items 1 through 13. Original and one copy to accompany animals. When delivery is made - Items 14 through 20 must be completed by Buyer (Receiver) and copy one returned to Dealer (Seller or Donor). Copy two to be retained by Dealer (Seller or Donor). Attach Continuation Sheet (APHIS Form 7020A), as needed.

5. SELLER OR DONOR (Name and Address, include ZIP Code)

6. BUYER OR RECEIVER (Name and Address, include ZIP Code)

Jonni + Beeky Smith
Back 40 Game Farm
9122 Mapleton Rd
Baxter MN 56425

Carri Leo
3199 Walworth Rd
Walworth NY 14568

7. USDA LICENSE NUMBER (If any)

21-C-0435

8. IDENTIFICATION OF ANIMALS BEING DELIVERED

A. CONTAINER TAG NUMBER, CRATE OR PEN NUMBER	B. NUMBER ANIMALS	C. PREVIOUS INVOICE NUMBER (if any)	D. INDIVIDUAL IDENTIFICATION TATTOOS, TAG NUMBERS (if applicable)	E. SPECIES	AGE - SEX				H. EST. WEIGHT (lbs.)	I. REMARKS (Condition, etc.)	RECEIVER'S USE	
					F. NUMBER YOUNG	G. NUMBER ADULT					J.	K.
	1		NA porcupine		M	F	M	F				
					M	F	M	F				
					M	F	M	F				
					M	F	M	F				
					M	F	M	F				
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					M	F	M	F				
					M	F	M	F				
					M	F	M	F				

DELIVERY BY COMMERCIAL CARRIER

9. DELIVERY BY ("X" one)

☐ Buyer's Truck

☐ Dealer's Truck
(Seller or Donor)

10. TRUCK LICENSE NUMBER

11. BILL OF LADING NUMBER

12. NAME AND ADDRESS OF COMPANY OR FIRM (Include ZIP Code)

13. NAME AND ADDRESS OF TRUCK DRIVER (Include ZIP Code)

Delta au

DELIVERY RECEIPT - TO BE COMPLETED BY BUYER OR RECEIVER

14. ANIMALS DELIVERY WERE ("X" one)

☐ IN APPARENT GOOD CONDITION

☐ POOR CONDITION

☐ REJECTED (Attach explanation for rejection)

15. TOTAL NUMBER RECEIVED

16. NUMBER DEAD

17. NUMBER ALIVE

18. BY (Signature)

19. TITLE

20. DATE



VOLUNTEERS FOR WILDLIFE

Wildlife Rehabilitation Hospital & Education Center
at Bailey Arboretum

November 5, 2015

Founder

Sarah Hicks Ruppert

To Whom It May Concern,

Board of Directors

JEAN THATCHER
President

ROBERT GOETZ
Vice President

LESUE BLOCK
Secretary

CLARE LOCICERO
Treasurer

BARBARA BEUERLEIN

NINA DENIGRIS

JIM JONES

LAURIE MASS

Advisory Board

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TRACY DELLOMO

MICHAEL FAIRCHILD

JOEL FAIRMAN

HOYLE & BOTSY JONES

ELLEN LEONHARDT, DVM

JOSEPH LOCICERO

TOM & DIANN MCGRATH

LINDA MISTRETTA

DANIELLE PERRONE, DVM

BASIL TANGREDI, DVM

STAFF

CENTER SUPERVISORS

LAUREN SCHULZ

Alicia Grubessi

Volunteers for Wildlife (NYS Wildlife Rehabilitation License #1122) seeks to transfer a non-releasable juvenile Eastern Grey Squirrel to Carrie Leo, permitted wildlife rehabilitator and exhibitor. The squirrel was admitted to Volunteers for Wildlife's rehabilitation hospital in the summer of 2015 as a 6 week old with malocclusion of the upper incisors. His teeth require monthly trimming in order to maintain proper length and alignment. The squirrel is easily handled and can manage well in captivity.

Sincerely,

A handwritten signature in black ink, appearing to read "E. Leonhardt DVM".

Ellen Leonhardt, DVM

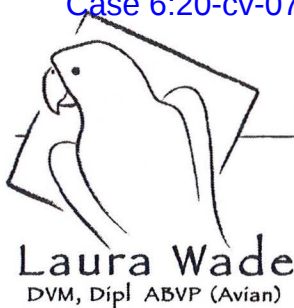
Animal General of East Norwich
6320 Route 25A
East Norwich, NY 1732
(516) 624-7500

194 Bayville Road, Locust Valley, NY 11560

Wildlife Advisory: (516) 674-0982
e-mail: wildlifeadvisory@gmail.com

Office: (516) 674-0989
Fax: (516) 674-0985

Website:
www.volunteersforwildlife.org



Specialized Care for Avian & Exotic Pets

www.BuffaloBirdNerd.com

January 25, 2016

To whom it may concern,

This letter is to confirm my on-site inspection of Carrie Leo's wildlife (Caring for Cottontails Wildlife Rescue and Rehab Inc. USDA 21-C-0435) on August 14, 2015. In addition, I would like to comment on the status of several of the animals at the site.

Grey squirrel, "Reggie" has had malocclusion since birth, and needs periodic tooth trimming. This medical condition deems him non-releasable. Otherwise he was found to be in good health.

Several opossum were evaluated and were found in good overall health, however, had been in captivity for a period of time and were quite habituated. Because of Carrie's previous negative experiences in releasing long-captive opossum (resulting in deaths and inappropriate interactions with humans), she had been hesitant to release them at the time. I contacted a federally licensed wildlife rehabilitator that I know and asked her opinion regarding this situation and she is in agreement that this species does not do well in the wild when overly socialized. I believe these animals might do well in larger enclosures, transferred for permanent placement.

Six coyote pups were evaluated and although appeared in good health (with negative fecals), appeared too socialized towards humans for release. I consulted a federally licensed wildlife rehabilitator for her opinion and she felt that the description of the pups behavior deemed them likely non-releasable due to habituation. In addition, Jami Hammer (Indiana Coyote Rescue Center) evaluated the animals via videos and photographs and agreed they are not suitable for release.

One of the most challenging aspects of wildlife rehabilitation is getting the young injured and sick animals healthy, only to find they have become "less wild" and a risk for their own survival in release. I have a number of wildlife rehabilitators that have successfully used these animals as ambassadors for education, breeding, and fostering other injured young. The above-mentioned animals have potential for this option.

Please contact me should you have any questions or concerns.

Sincerely,

Laura Wade DVM

NYS Veterinarian (#007785), USDA Accredited, category 2 (#020196)

"Chippers" 6
Howie



Preserving Georgia's Wildlife Through Rehabilitation and Education

February 18, 2015

To: Georgia Department of Natural Resources
Wildlife Resources Division

Re: Non-releasable Chipmunk

On October 19, 2014, a chipmunk (Intake #14-1085) was brought to the Atlanta Wild Animal Rescue Effort (AWARE) for assessment. He had been attacked by a cat.

An examination of the chipmunk revealed evidence of spinal trauma and neurologic signs. As a result of the injury, the chipmunk is unable to walk properly but can otherwise get around. No other significant injuries were found.

Based upon the chipmunk's history and examination, it will not be able to be released back into the wild. While the injuries may make this chipmunk unable to survive in the wild, the chipmunk's temperament and a controlled environment will allow it to have a good quality of life as an education or exhibit animal.

Thank you for your time.

Tarah L. Hadley, DVM, Dipl. ABVP (Avian Specialty)
Executive Director
AWARE Wildlife Center
drtarah@awaregeorgia.org

4158 Klondike Rd
Lithonia, GA 30038

Phone: (678) 418-1111
EIN: 58-2433175

www.AWAREwildlife.org
Federally listed 501 (c) (3), Tax Exempt, Private Non-profit



Preserving Georgia's Wildlife Through Rehabilitation and Education

November 30, 2015

To: Georgia Department of Natural Resources
Wildlife Resources Division

Re: Non-releasable Chipmunk - *Female*

On October 15, 2015, a chipmunk (Intake #15-1151) was brought to the Atlanta Wild Animal Rescue Effort (AWARE) for assessment. He had been found curled on the ground.

An examination of the chipmunk revealed evidence of neurologic signs. There was also a wound on the front right leg. No other significant injuries were found.

Based upon the chipmunk's history and examination, it will not be able to be released back into the wild. While the injuries may make this chipmunk unable to survive in the wild, the chipmunk's temperament and a controlled environment will allow it to have a good quality of life as an education or exhibit animal.

Thank you for your time.

A handwritten signature in dark ink, appearing to read 'Tarah L. Hadley', with a large, stylized loop at the end.

Tarah L. Hadley, DVM, Dipl. ABVP (Avian Specialty)
Executive Director
AWARE Wildlife Center
drtarah@awaregeorgia.org

4158 Klondike Rd
Lithonia, GA 30038

Phone: (678) 418-1111
EIN: 58-2433175

www.AWAREwildlife.org
Federally listed 501 (c) (3), Tax Exempt, Private Non-profit

November 6, 2014

TO WHOM IT MAY CONCERN:

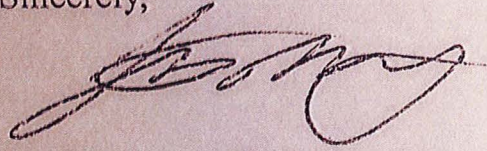
I have examined the medical records and the woodchuck housed at the Wildlife Rescue Center in Hampton Bays.

The woodchuck was admitted with neurological symptoms – circling and general weakness. Based on past necropsies performed by NYSDEC and examination of organ specimens by Antech Diagnostics of previous woodchucks who succumbed or were euthanized with the same symptoms, the most likely cause was *Baylisascaris procyonis* migration or encephalitis due to *neospora canis*.

While treatment was given and appears to have been successful, the animal apparently still suffers from permanent minor neurological damage; and I have determined that she is non-releasable.

Please contact me if you require additional information.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Justin Molnar', with a stylized, looping flourish at the end.

Justin Molnar, DVM

REPORT OF EXHIBITION ACTIVITIES

15. Name of Group or Individual	Address/location of Activity	Date of activity	Contact Telephone
Cody Kessler	3199 Walworth Rd, Walworth 14568	5.10.16	
Ken Toeppler	↓	Five fieldwork hours (April-May)	585-730-2917
Chelsea		"	
Tyler Gottstein		"	585-645-7019
Robert Swingle		(Employee)	315-576-6618
Sally Reaves			585-738-9675
Howie Groen + grandson			585-451-7404
Howie Green + wife			" "
Lona Cornell			
Ashley Saunders + son			
Rachel			
Kim Voss		(volunteer)	585-489-6169
Craig Rainbow		(volunteer)	
Herald Kester + daughters	"	March?	585-944-4754

16. NOTICE: Pursuant to ECL Section 3-0301(2)(Q) False statements made on this application are punishable pursuant to Section 210.45 of the New York State Penal Code.

Date

July 7, 2016.

Signature of Licensee

Carmelo

REPORT OF EXHIBITION ACTIVITIES

15. Name of Group or Individual	Address/location of Activity	Date of activity	Contact Telephone
Alan Pratt	3199 Walworth Rd., Walworth, 14568	(Donor)	585-489-9739
Dan Walker		visited with Alan Pratt	
Dan Duvall		February?	
Lori Duvall		February?	315-573-0022
Scott Oakleaf		visited with Dan Duvall	visited wi
Andrew Potter + friend		late June	716-423-4295
Joe Beck + friend		former volunteer from 2014	315-945-9101
Matt Tew		employee	585-391-9043
Chris Stedge		employee	585-236-5437
Zachary McCutcheon		volunteer	315-690-1984
Adam ?		visited with Alan Pratt	
Jim Horton		March?	NY licensed NWCO
"Andy" (Producer) (Archeologo Film Studio)		March?	914-862-4202

16. NOTICE: Pursuant to ECL Section 3-0301(2)(Q) False statements made on this application are punishable pursuant to Section 210.45 of the New York State Penal Code.

Date

July 7, 2014.

Signature of Licensee

C. Wright